

**Sanitarian Registration Program
Professional Licensing and Certification Unit
1100 West 49th Street
Austin, Texas 78756-3199
512/ 834-4517**

**STATEMENT OF CONTINUING EDUCATION
You must return this form with your renewal form and fee.**

1. Texas Administrative Code, Subsection 265.147(b), mandates each registered sanitarian must obtain and show proof of twelve (12) hours of continuing education within the twelve months preceding renewal of their registration. Each registrant is responsible for maintaining a record of his/her continuing education activities.

2. **In the spaces provided below, list the continuing education (CE) activities, which you have attended or completed.** The number of hours claimed must equal or exceed twelve (12) hours in the twelve (12) months preceding your expiration date, or you may not renew your registration. Continuing education undertaken by a registrant for renewal shall fall into those categories set out in 25 TAC, Subsection 265.147.

3. **Read, sign, and date the statement below. Attach copies of certificates, transcripts, or other proof of attendance/participation.** Copy this form as needed to document all continuing education activities taken.

PRINT NAME: _____

REGISTRATION NUMBER: RS_____

COURSE NAME	SPONSOR	DATE COMPLETED	# OF CLOCK HOURS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL NUMBER OF HOURS _____

ATTESTION:

I certify that I did attend, participate in, or complete the above listed activities on the dates indicated for the number of hours specified.

I understand that the Sanitarian Registration Program randomly audits renewal applications, and that my application has been selected for audit. **Included with this renewal application**, I am furnishing documentation satisfactory to the Sanitarian Registration Program to prove that I did fulfill the CE requirements for license renewal.

I understand that knowingly providing false information of any kind could be just cause for revocation or suspension of my license.

I certify that all of the above is true and correct.

Signature of Renewal Applicant _____ Date _____

***** THIS FORM WILL BE RETURNED TO YOU IF ALL REQUESTED INFORMATION IS NOT COMPLETED AND PROOF OF ATTENDANCE IS NOT SUBMITTED.**



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